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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *none* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *yes* \*\*\*\*\* *SA*

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IF REQUIRED, FOREIGN FILING LICENSE \*\* SMALL ENTITY \*\*  
 GRANTED

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35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	<i>Shumaya</i> Examiner's Signature	<i>SA</i> Initials	DRAWING 6	CLAIMS 18
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## TITLE

Orthopedic arm and shoulder brace

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